| l   |  |  |                                  |                                    |                              |                                   |      |                    | Application or Docket Number |           |                     |                        |  |  |
|---|--|--|----------------------------------|------------------------------------|------------------------------|-----------------------------------|------|--------------------|------------------------------|-----------|---------------------|------------------------|--|--|
|   | PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2003  CLAIMS AS FILED - PART I  SMALL ENTITY OTHER T |  |                                  |                                    |                              |                                   |      |                    |                              |           |                     |                        |  |  |
| CLAMAC AC EU ED DARTI   |  |  |                                  |                                    |                              |                                   |      |                    |                              |           |                     |                        |  |  |
| (Column 1) (Column 2)   |  |  |                                  |                                    |                              |                                   |      | SMALL E            | באדודץ<br>                   | OR        |                     | R THAN<br>ENTITY       |  |  |
| Т   | OTAL CLAIMS  | 35   | ļ <u></u>                        |                                    | •                            |                                   | RATE | FEE                | 7                            | RATE      | FEE                 |                        |  |  |
| F   | OR ·   |  | NUMBER FILED                     |                                    | NUMBER EXTRA                 |                                   |      | BASIC FE           | E 385.00                     | OR        | BASIC FEE           | 770.00                 |  |  |
| Ţ   | OTAL CHARGE  | ABLE CLAIMS  | 35 minus 20=                     |                                    | 15                           |                                   |      | X\$ 9=             | 135                          | OR        | X\$18=              | <u> </u>               |  |  |
|   | DEPENDENT C  |  |                                  | ninus 3 =                          |                              | 9                                 |      | X43=               |                              | OR        | X86=                | ·                      |  |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |  |                                  |                                    |                              |                                   |      | +145=              | 1                            | OR        | +290=               |                        |  |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |  |                                  |                                    |                              |                                   |      | TOTAL              | 520                          | OR        | TOTAL               |                        |  |  |
|   | CLAIMS AS AMENDED - PART II (Column 1) . (Column 2) (Column 3)   |  |                                  |                                    |                              |                                   |      | SMALL              | ENTITY                       | OR        | OTHER               |                        |  |  |
| NTA   |  | CLAIMS REMAINING AFTER AMENDMENT                             |                                  | HIGHI<br>NUME<br>PREVIO            | EST<br>BER<br>DUSLY          | PRESENT                           |      | RATE               | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONA<br>FEE  |  |  |
| AMENDMENT   | Total  | . 35   | Minus                            | - 3                                | 35                           | -                                 |      | -X\$ 9=            |                              | OR        | X\$18=              |                        |  |  |
| AME   | Independent  | • 3  | Minus ·                          | DEMOENT                            | 3                            | = /                               |      | X43=               |                              | OR        | X86=                |                        |  |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |                                  |                                    |                              |                                   |      | +145=              | ,                            | OR        | +290=               |                        |  |  |
|   | • • •  |  |                                  |                                    |                              |                                   |      | TOTAL              |                              | OR        | TOYAL<br>ADDIT, FEE |                        |  |  |
|   | (Column 1) (Column 2) (Column 3)   |  |                                  |                                    |                              |                                   |      |                    |                              |           |                     |                        |  |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                    |                                  | HIGHE<br>NUME<br>PREVIO<br>PAID F  | BER                          | PRESENT<br>EXTRA                  |      | RATE               | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAI<br>FEE |  |  |
| N<br>N  | Total  | •  | Minus                            | **                                 |                              |                                   |      | X\$ 9=             |                              | OR        | X\$18=              |                        |  |  |
| AME   | Independent  | NTATION OF MI  | Minus                            | PENDENT                            | CI AIM                       | -                                 |      | X43=               |                              | OR        | X86=                |                        |  |  |
|   | 11101111202  | IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145= OR +290= |                                  |                                    |                              |                                   |      |                    |                              |           |                     |                        |  |  |
|   |  |  |                                  | •                                  |                              |                                   | A    | TOTAL<br>DOIT. FEE |                              | OR        | TOTAL<br>DOIT, FEE  |                        |  |  |
|   |  |  | •                                | . •                                |                              |                                   |      |                    |                              |           |                     |                        |  |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                    |                                  | HIGHE<br>NUMB<br>PREVIOL<br>PAID F | ER<br>USLY                   | PRESENT .<br>EXTRA                |      | RATE               | ADDI-<br>TIONAL<br>FEE       |           | RATE                | ADDI-<br>TIONAL<br>FEE |  |  |
| NON   | Total  | •  | Minus                            | ••                                 |                              | 2                                 | F    | X\$ 9=             |                              | OR        | X\$18=              |                        |  |  |
| AME   | Independent  | •  | Minus                            | ***                                |                              | -                                 |      | X43=               | •                            | OR        | X86=                |                        |  |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=  |  |  |                                  |                                    |                              |                                   |      |                    |                              | OR        | +290=               |                        |  |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |  |                                  |                                    |                              |                                   |      |                    |                              |           |                     |                        |  |  |
|   | ne "Highest Num  | mber Previously Paid   | arror in ini<br>i For" (Total or | o oraut 15<br>Independen           | स्टब्ड घासा<br>प्र) is the ! | i 3, enter '3.'<br>highest number | loun | d in the app       | r priat bo                   | c in colu | mn 1.               |                        |  |  |